(4) Data Files Submission—POCs upload their data file(s), using the pharmacy data file specifications, to ensure that users submit standardized and consistent data in the way variables are named, coded, and formatted. The number of submissions to the database is likely to vary each year because pharmacies do not administer the survey and submit data every year.

Survey data from the AHRQ Pharmacy Survey on Patient Safety Culture are used to produce three types of products: (1) A Pharmacy SOPS Comparative Database Report that is made publicly available on the AHRQ Web site, (2) Individual Pharmacy Survey Feedback Reports that are confidential, customized reports produced for each pharmacy that submits data to the database (the number of reports produced is based on the number of pharmacies submitting each year); and (3) Research data sets of individual-level and pharmacy-level de-identified data to enable researchers to conduct analyses.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to participate in the database. An estimated 150 POCs, each representing an average of 10 individual pharmacies each, will complete the database submission steps and forms annually. Completing the registration form will take about 5 minutes. The Pharmacy Background Characteristics Form is completed by all POCs for each of their pharmacies ($150 \times 10 = 1{,}500$ forms in total) and is estimated to take 5 minutes to complete. Each POC will complete a data use agreement which takes 3 minutes to complete and submitting the data will take an hour on average. The total burden is estimated to be 296 hours.

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to submit their data. The cost burden is estimated to be $14,392 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form Name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Registration Form	150	1	5/60	13
Pharmacy Background Characteristics Form	150	10	5/60	125
Data Use Agreement	150	1	3/60	8
Data Files Submission	150	1	1	150
Total	600	NA	NA	296

EXHIBIT 2—ESTIMATED ANNUALIZED BURDEN HOURS

Form Name	Number of respondents/ POCs	Total burden hours	Average hourly wage rate*	Total cost burden
Registration Form	150	13	$48.62	$632
Pharmacy Background Characteristics Form	150	125	48.62	6,078
Data Use Agreement	150	8	48.62	389
Data Files Submission	150	150	48.62	7,293
Total	600	296	NA	14,392

*Mean hourly wage rate of $48.62 for General and Operations Managers (SOC code 11–1021) was obtained from the May 2012 National Industry-Specific Occupational Employment and Wage Estimates, NAICS 446110 — Pharmacies and Drug Stores located at *http://www.bls.gov/oes/current/naics5_446110.htm.*

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ health care research, quality improvement and information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: November 22, 2013.

Richard Kronick,

AHRQ Director.

[FR Doc. 2013–29071 Filed 12–5–13; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ''AHRQ Grants Reporting System (GRS).'' In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520,

AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by February 4, 2014.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at *doris.lefkowitz@AHRQ.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

AHRQ Grants Reporting System (GRS)

AHRQ has developed a systematic method for its grantees to report project progress and important preliminary findings for grants funded by the Agency. This system, the Grants Reporting System (GRS), was first approved by OMB on November 10, 2004. The system addressed the shortfalls in the previous reporting process and established a consistent and comprehensive grants reporting solution for AHRQ. The GRS provides a centralized repository of grants research progress and additional information that can be used to support initiatives within the Agency. This includes future research planning and support to administration activities such as performance monitoring, budgeting, knowledge transfer as well as strategic planning.

This Project has the following goals:

(1) To promote the transfer of critical information more frequently and efficiently and enhance the Agency's ability to support research designed to improve the outcomes and quality of health care, reduce its costs, and broaden access to effective services; and

(2) To increase the efficiency of the Agency in responding to ad-hoc information requests; and

(3) To support Executive Branch requirements for increased transparency and public reporting; and

(4) To establish a consistent approach throughout the Agency for information collection regarding grant progress and a systematic basis for oversight and for facilitating potential collaborations among grantees; and

(5) To decrease the inconvenience and burden on grantees of unanticipated ad-hoc requests for information by the Agency in response to particular (one-time) internal and external requests for information.

Method of Collection

Grants Reporting System—Grantees use the GRS to report project progress and important preliminary findings for grants funded by the Agency. Grantees submit a progress report on a quarterly basis which is reviewed by AHRQ personnel. All users access the GRS system through a secure online interface which requires a user id and password entered through the GRS Login screen. When status reports are due, AHRQ notifies Principle Investigators (PI) and Vendors via email.

The GRS is an automated user-friendly resource that is utilized by AHRQ staff for preparing, distributing, and reviewing reporting requests to grantees for the purpose of information sharing. AHRQ personnel are able to systematically search on the information collected and stored in the GRS database. Personnel will also use the information to address internal and/or external requests for information regarding grant progress, preliminary findings, and other requests, such as Freedom of Information Act requests, and producing responses related to federally mandated programs and regulations.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents. It will take grantees an estimated 10 minutes to enter the necessary data into the Grant Reporting System (GRS) and reporting will occur four times annually. The total annualized burden hours are estimated to be 333 hours.

Exhibit 2 shows the estimated annualized cost burden for the respondents. The total estimated cost burden for respondents is $11,772.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Data entry into GRS	500	4	10/60	333
Total	500	na	na	333

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Data entry into GRS	500	333	$35.35	$11,772
Total	500	333	na	$11,772

*Based upon the average wages for Healthcare Practitioner and Technical Occupations (29–0000), ''National Compensation Survey: Occupational Wages in the United States, May 2012,'' U.S. Department of Labor, Bureau of Labor Statistics.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: November 22, 2013.

Richard Kronick,

AHRQ Director.

[FR Doc. 2013–29070 Filed 12–5–13; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 78 FR 70049–70057, dated November 22, 2013) is amended to reflect the reorganization of the Center for Global Health, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the mission and function statements for the Center for Global Health (CW) and insert the following:

Center for Global Health (CW): (1) Leads the coordination and execution of the Centers for Disease Control and Prevention's (CDC) global health strategy; (2) works in partnership to assist ministries of health to build capacity, maximize public health impact and promote country ownership and sustainability; (3) achieves U.S. government and international organization goals to improve health, including disease eradication and elimination targets; (4) strengthens CDC's global health programs that focus on the leading causes of mortality, morbidity and disability, including chronic disease and injuries; (5) generates and applies new knowledge to achieve health goals; and (6) strengthens health systems and their impact.

Office of the Director (CWA): (1) Provides strategic direction and guidance on the execution of CDC's global health strategy, including decision-making, policy development and program planning and evaluation; (2) leads divisions in implementing public health programs and ensures the impact and effectiveness of administration initiatives, Congressionally-mandated programs and other public health programs; (3) serves as the lead for coordination of CDC global programs and cross-cutting areas of global public health; (4) harmonizes CDC global health priorities with host country priorities and works with ministries of health to improve essential public health functions, maximize positive health outcomes and promote country ownership and sustainability; (5) provides leadership and direction to all CDC country directors in their role as a senior CDC representative with the U.S. Embassy and ministry of health and in implementing CDC's global health strategy in country; (6) measures the performance of CDC's global health programs in terms of public health impact and fiscal accountability; (7) provides scientific leadership in developing and implementing evidence-based public health interventions and promotes best scientific practice; (8) facilitates the conduct and maintenance of ethical and high quality, scientific investigations by implementing regulatory requirements, monitoring human subjects compliance and clearing scientific products; (9) harmonizes CDC's global laboratory activities to strengthen laboratory capacity globally; (10) promotes the introduction of innovative technologies and approaches to improve the diagnostic and screening capability of programs to better detect and respond to emerging pathogens; (11) provides leadership to promote growth and improvement of CDC global health programs; (12) works with divisions to strengthen surveillance systems to analyze, measure and evaluate the global burden and distribution of disease; (13) promotes scientific innovation and advances in global health surveillance, epidemiology, monitoring and evaluation, and informatics; (14) provides leadership and coordination for CDC's global health security programs, policy and partnerships; (15) provides leadership on issues management, budget formulation and performance integration and country-specific issues through triaging to programs; (16) coordinates prioritization and planning for visits of high level officials to CDC and other strategic engagements; (17) participates in defining, developing, shaping and implementing U.S. global health policy and actions; (18) manages inter-governmental and external affairs and cultivates strategic partnerships; (19) plans and executes CDC's global health communications strategy and public affairs media response/outreach; (20) provides oversight, guidance and accountability for all operations functions, human resources, workforce management, budget formulation and distribution, extramural reviews and processing, internal and domestic travel and property management responsibilities of the Center for Global Health (CGH); (21) develops and maintains an effective global health workforce for CDC through strategic and innovative personnel solutions, policies and training initiatives, while demonstrating accountability for personnel resources and results of human capital investment; (22) provides leadership and guidance on informatics, information technology systems implementation, security, governance and planning for CGH and CDC country offices; and (23) develops standardized management processes and solutions for CDC country offices.

Delete in its entirety the mission and function statements for the Division of Public Health Systems and Workforce Development (CWF) and the Division of Global Disease Detection and Emergency Response (CWJ).

After the mission and function statement for the Global Immunization Division (CWK), insert the following:

Division of Global Health Protection (CWL): (1) Provides country-based and international coordination for disease detection, International Health Regulations (IHR) implementation and public health emergency response; (2) leads the agency's efforts to address the public health emergency continuum from prevention, to detection, to response and finally through post-emergency health systems recovery; (3) provides epidemic intelligence and response capacity for early warning about international disease threats and coordinates with partners throughout the U.S. government as well as international partners to provide rapid response; (4) provides resources and assists in developing country-level epidemiology, laboratory and other capacity to ensure country emergency preparedness and response to outbreaks and incidents of local importance as well as international importance; (5) in coordination and communication with other CDC Centers, Institute, or Offices (CI0s), leads CDC activities on global Non-Communicable Disease; and (6) collaborates with other divisions in CDC, federal agencies, international agencies, partner countries and non-governmental organizations assisting ministries of health to build public